First Baptist Church, Tallahassee, Florida
Personal Information Form
Children and Youth Ministries Program Participation

This form must be filled out and submitted annually.
This form is in effect from _____ through _____

PLEASE PRINT

This form was submitted or updated on _____ (Date).

Full name of child/youth: _____
Nickname: _____

Date of Birth:_____Current Grade:____ School:_____
Address with city and zip code:_____
_____
Child/Youth phone numbers with area code: Home _____Cell_____

Child/Youth email (please print):_____

	Mother's Info	**Father's Info**
Employer:		
Work Phone (area code):		
Cell Phone (area code):		
Email (please print):		
If different from child's/youth's: Address: Home Phone (area code):		

Please provide information for a guardian if that info differs from any of the above.
Name: _____
Address: _____
_____
Home Phone: _____ Work Phone: _____
Cell Phone (area code):_____ Email: _____

Additional Information: Name and phone number of additional contact person in case of emergency. (This should be someone who is familiar with family members and who would likely know where a parent or guardian can be located.)

_____ _____
Name Phone

Medical Information:

Name of child's physician:_____
Physician's phone number (area code): _____
Insurance Information:
Company: _____
Name of Policyholder:_____
Group/Policy #_____

Does your child:

a) Have allergies to:
Food (Y / N) If Yes, please list and explain. _____
Medications (Y / N) If Yes, please list and explain. _____
Other (Y / N) If Yes, please list and explain. _____

b) Have any physical restrictions which limit activities? (Y / N) If yes, list specific activity and provide explanation:_____
_____
_____

c) Presently take any kind of medication? (Y / N) If Yes, please list and explain.
_____
_____

NOTE: If medications need to be given during an activity/event, Appendix G-2 should be completed.
Date of child's last Tetanus shot **(DPT)**: _____

Please provide in the space below any additional comments you would like to make regarding your child's physical or mental health.

_____

_____

_____

The information provided above is correct and complete to the best of my knowledge. It is the responsibility of the parent or guardian to update this information as needed.

_____ _____
Parent/Guardian Signature Date